

Snapshot Inspection (2/2001)

OFFICE OF THE INSPECTOR GENERAL

DMHMRSAS

SNAPSHOT INSPECTION

NORTHERN VIRGINIA MENTAL HEALTH INSTITUTE

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INSPECTOR GENERAL

OIG REPORT # 63-02

EXECUTIVE SUMMARY

An unannounced Snapshot Inspection was conducted at the Northern Virginia Mental Health Institute (NVMHI) in Falls Church, Virginia on July 16 -17, 2002. The purpose of a snapshot inspection is to conduct an unannounced inspection of a facility with a primary focus on three quality of care areas. During this type of inspection, the team reviews (based on observations, interviews and the review of supporting documentation) the following: the general conditions of the facility, including cleanliness and comfort; whether there are adequate numbers of staff; and the availability of activities designed to promote recovery.

Overall, the facility was noted to be clean and comfortable. Efforts to make this setting appear less institutional were evident. Staffing patterns were noted to be adequate to provide an appropriate level of supervision and staff-patient interaction.

The facility administration currently offers services designed for both the medical and active psychosocial rehabilitation treatment needs for the chronically mentally ill adult population. There was a concern noted regarding the numbers of patients observed not actively participating in the programs offered.

The facility provides support and training for staff educational advancement.

Facility: Northern Virginia Mental Health Institute

Falls Church, VA

Date: July 16-17, 2002

Type of Inspection: Unannounced Snapshot Inspection

Reviewers: Anita Everett, MD

Cathy Hill, MEd

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Purpose of the Inspection: To conduct an inspection of the general environmental conditions, staffing patterns and activities of the patients.

Sources of Information: Interviews were conducted with both administrative and clinical staff. Documentation reviews, included but was not limited to; patient(s) medical records, staff schedule sheets, program descriptions and activity/program schedules. Activities and staff/patient interactions were observed during a tour of the facility.

GENERAL ENVIRONMENTAL ISSUES

Finding 1.1: Overall, the facility was generally clean, comfortable and well maintained.

Background: Members of the review team completed a tour of the facility, including the treatment mall and living areas. Overall, the facility was noted to be generally clean, comfortable and well maintained. Patient bedrooms on all the units were noted to be in varying degrees of neatness while several rooms on the F Unit and K Unit were noted to have dirty clothes on the floor and/or the dressers. Housekeeping staff were present and observed changing linens and completing basic housekeeping functions. The units are designed so that patients either have a private bath or the bathroom is shared between a “suite” of rooms. All the bathrooms toured were noted to be clean and odor free.

Common areas were clean, although the placement of furniture around the walls, limits interactions among the patients in smaller groups. Games tables were noted to be available. A wheel was missing from one of the legs on a game table on Unit

I-1. Access to games, magazines and other leisure time activities were noted. Efforts to maximize the independent functioning for patients, as much as possible, was particularly noted on the K unit, which functions as the primary community integration unit.

Efforts to make this institutional setting more comfortable and “home-like” were evident. Personal effects were noted in a majority of the bedrooms; these items included drawings, photos, radios, and several musical instruments. It was observed that the admitting unit lacked many of the personal effects and “homey” qualities of the other areas, which may simply be the result of the shorter-term function of this unit.

Recommendation: Continue to maintain the facility and maximize efficient use of limited space.

DMHMRSAS Response: DMHMRSAS concurs, and appreciates the Inspector General’s recognition of NVMHI’s efforts. NVMHI continues to maintain the treatment environment with both preventive and corrective housekeeping and engineering programs. Regular rounds are conducted to monitor the environment, and work orders are promptly submitted for any required repairs.

STAFFING ISSUES

Finding 2.1: Staffing patterns for nursing services were adequate.

Background: A staff schedule was obtained and verified during the tour of the units. The team’s observations were that these staffing levels were appropriate for providing care to the patients.

Staffing patterns for the units were as follows:

Day shift (0700 – 1615)

F unit	23 patients to 3 RNs, 1 LPN and 4 DSAs.
I-1 unit	26 patients to 3 RNs, 1 LPN and 3 DSAs.
I-2 unit	31 patients to 5 RNs, 1 LPN and 4 DSAs
K unit	43 patients to 5 RNs, 1 LPN and 6 DSAs.

Evening shift (1530 – 2400)

F unit	23 patients to 5 RNs and 3 DSAs
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I-1 unit	26 patients to 5 RNs and 5 DSAs
I-2 unit	31 patients to 5 RNs and 3 DSAs
K unit	43 patients to 4 RNs and 5 DSAs

Staff was noted to treat patients with dignity and respect. Observations of the interactions between the staff and the patients appeared positive. Some consumers commented that the nursing staff were particularly helpful in their recovery process.

Recommendation: Continue to provide adequate staffing patterns.

DMHMRSAS Response: DMHMRSAS concurs. Adequate staffing patterns will continue to be provided.

Finding 2.2: Seven of eight staff members interviewed did not understand the reporting structure for abuse and neglect.

Background: A structured interview was completed with eight members of the nursing staff. This interview covered a variety of topics with a significant number of questions relevant to issues related to abuse and neglect. Though the interviewer took extra time to define specific words during the interview, seven out of eight persons did not understand the reporting structure for abuse and neglect as outlined by the facility's policy. This policy calls for the reporting of abuse and neglect allegations directly to the Facility Director. These individuals indicated that they would report to their direct supervisor. This was noted as problematic in a previous OIG report (OIG report #49-01).

Recommendation: Retrain all staff regarding the correct reporting process and procedures as outlined in this policy. Review current mechanism within the facility through which allegations are reported to assure that all allegations are properly handled and addressed.

DMHMRSAS Response: DMHMRSAS concurs. New Employee Orientation and Annual Update Training currently include a Human Rights video explaining the Reporting and Investigation of Abuse, Neglect and Exploitation. Effective immediately, the Training Coordinator will assess via verbal interaction, individual understanding of the procedure involved in the different processes as part of the training program. The training Department also will provide a presentation based on the facility policy, *Reporting and Investigating Abuse and Neglect of Patients*, as a hospital wide in-service to staff. This presentation will be available for staff meetings and as an on-line training module. In addition, nursing leadership will regularly test staff competencies on the reporting process through interviews and role-playing a variety of scenarios. Nursing

Unit Managers will re-test staff knowledge in three (3) months via verbal reviews and role play situations on each nursing units.

The Nursing Managers will discuss the abuse and neglect reporting structure within the nursing unit and department-wide meetings in order to better understand the sources of confusion and/or barriers. Using the information gained, strategies will be developed to assure compliance with the direct reporting requirement. These strategies will encompass ways to provide direct report as well as to notify the supervisor that coverage must be provided for the employee leaving the unit as well as allow supervisor opportunity to take immediate action to protect the patient.

Finding 2.3: NVMHI offers a variety of supports to staff seeking to pursue advanced training.

Background: A review of administrative documents and interviews with employees indicated that NVMHI offers a variety of supports to employees seeking advanced career training. These supports include: flexibility in scheduling, funding for conferences and tuition reimbursement. In FY2002, \$25,143.00 was used for conference and seminar costs and it is projected that \$30,150.00 will be used in FY2003. Interviews were conducted with eight employees and seven indicated that they felt the facility would support their endeavors to seek higher education in their field through schedule flexibility. The facility also provided annual and monthly orientation and recertification training and approximately 130 in-service trainings during FY 2002 in which employees of all shifts participated. This is not expected to change for FY 2003.

Recommendation: Continue to provide a variety of supports for staff to advance. Make sure that supports and training opportunities are made known to staff.

DMHMRSAS Response: DMHMRSAS concurs. Scheduling adjustments to support staff participation in training will continue to be provided. Financial support will be consistent with facility budget and guidance from Central Office.

ACTIVITY OF PATIENTS

Finding 3.1: NVMHI continues to monitor and revise the active treatment program in response to patient functioning, experience and individual treatment goals.

Background: NVMHI continues to monitor and revise the active treatment programming offered for their patients. The psychosocial rehabilitation program or treatment mall activities are offered between 10:00am and 3:00pm. Unit based activities are offered during the evening and the weekends. Patients from all the units are able to participate in the treatment mall programming. It was noted that on the day of the inspection only one of the individuals from the admissions unit was participating currently.

It was clear that the active treatment program has a systematic flow and appears to integrate individual consumers into skill building activity groups that are related to their

specific treatment needs. This was in contrast with the activity observed in the unstructured area of the acute admission unit, which appeared more disorganized and in which a few patients appeared to be less supervised. This may be due to the instability of newly admitted consumers who have greater difficulty engaging in structured interactions. Staff interviewed indicated that there were not any structured activities scheduled for the unit in the afternoon.

A member of the review team accompanied the staff on the unit check. This consisted of checking on the whereabouts of each patient and checking the security of the unit. Patients in the admissions units were observed as follows: nine were outside on a smoke break; seven were in their bedrooms with the doors closed, two of which appeared to be sleeping; two were roaming the halls; one was engaged in a conversation with a staff member and three were sitting in the dayroom. The census for the admission unit was 24, which is at capacity. One patient was identified as on special hospitalization.

Recommendation: Continue to offer active treatment that is designed to meet individualized needs. Review methods for incorporating the model of active treatment noted on the mall on the admissions unit.

DMHMRSAS Response: DMHMRSAS concurs. All discipline directors will discuss barriers to increased individual and group activities to support newly admitted patients to achieve treatment goals. Based on findings, the PSR Director and the Director of Psychiatry will provide leadership for unit based program development. The Clinical Leadership Group will discuss paradigms for recovery based programs on all units.

Since the treatment mall integrates individuals into groups that are related to their specific treatment needs, the number of F unit patients attending treatment mall programming varies from hour to hour depending on the patients' needs and the groups being offered that hour.

Therapeutic activities are scheduled on F unit throughout each afternoon. Some of these activities include: aftercare meetings with the community liaison, psychotherapy groups, leisure education groups, substance abuse groups, and music therapy. In addition, the Performance Improvement Team (see Response 3.2) is exploring more efficient ways of capturing other elements of active treatment provided in addition to groups.

Nonetheless, the clinical leadership acknowledges the unique challenge of providing active treatment and engaging patients on an admissions unit where the average length of stay is 14 days. The need to develop a different programming model is under consideration. This issue will be added to the charter of the Performance Improvement Team as noted in Response 3.2.

Finding 3.2: Tracking of active treatment participation was identified as inconsistent.

Background: Interviews with staff following OIG observations of the treatment mall activities and record reviews revealed that the facility plans on developing a performance improvement initiative regarding the functioning and participation of the psychosocial rehabilitation program. Interviews revealed that the facility's recent experience was

consistent with the observation made by the OIG staff, including a question of whether there had been a significant decline in the degree of patients' participation in active treatment and/or whether the tracking of participation hours is being consistently completed.

Patients have the opportunity to participate in a variety of treatment options both on-site and in the community. A number of the patients preparing for community re-integration participate in clubhouse or other community-based day treatment programs. Several NGRI patients of appropriate status work off-site. The team was informed patients' participation in these other activities are inconsistently documented. It was also suggested that the participation in evening and weekend activities are not as reliably documented as day activities.

It was noted that during the 2:00pm treatment mall programming 43 patients were observed in the treatment mall areas not actively engaged; several appeared to be sleeping, one woman reading, and twenty just setting in the dayroom area. This number seemed fairly significant particularly when it was explained that a number of patients left the facility to participate community based treatment options and 22 of the admissions unit's census of 23 were on the unit. It was significant to note that the same observations were made the following day.

Although it was stated that the facility could not "force" persons to participate in active treatment, there were not adequate explanations regarding strategies utilized by the facility to actively engage the patients. One of the cornerstones for the development of psychosocial rehabilitation models is the implementing of programming that is designed to meet the individual at whatever stage they are in the recovery process. This requires the completion of a readiness assessment, then identifying with the consumer how to best proceed in moving towards their established goals by offering groups in the various stages of recovery from readiness development through engagement to achieving. This pathway of treatment opportunities were not evident in the programming currently offered at NVMHI.

Recommendation: The OIG supports the convening of the performance improvement team to review current status of the active treatment program, including patient participation, strategies for actively engaging persons in their recovery process and effective, consistent documentation of participation both individually and collectively. NVMHI is encouraged to dialogue with Central State Hospital and Southwestern Virginia Mental Health Institute on strategies engaged by the facilities in these areas.

DMHMRSAS Response: DMHMRSAS concurs. A Performance Improvement Team focused on patient attendance at programming began work in June 2002. One sub-group is working specifically on putting mechanisms into place that will ensure consistent tracking of all active treatment, including off-site programming (such as attendance at community PSR programs) and evening and weekend activities. A second sub-group of the Performance Improvement Team is working on identifying strategies that treatment

teams can utilize to encourage more active participation by patients in their treatment. Additionally, the PSR Director has been in direct contact over the last month with the PSR Directors at CSH, ESH and WSH to investigate successful strategies utilized at those facilities. After review of those strategies by the NVMHI Performance Improvement Team, one or more of these strategies will be pilot-tested with the goal of determining the most effective strategy(ies) appropriate to the facility's population.

OTHER AREAS

Finding 4.1: Record reviews reflected that the overall treatment provided patients, including the treatment and discharge planning process, was individualized; linking the initial assessments, treatment planning and discharge needs to identified barriers.

Background: Five completed discharge records were reviewed. In all the records reviewed, the treatment goals and interventions were clearly linked to the initial assessments and reflected an emphasis on individual barriers to discharge. Treatment plans addressed strategies for dealing with both medical and psychiatric concerns that were to be focused on during the course of the hospitalization. Progress notes generally provided patient's progress in goal areas and identified new areas of concern, which enables the team to make timely adjustments to care to maximize patient recovery and ultimately return to the community whenever possible. Discharge planning was evident in the records reviewed with adequate supports/follow-ups clearly identified.

Interviews with five patients indicated that there are opportunities provided for the patients to actively participate in the development of their treatment goals. Three of the five were able to state treatment goals and identify barriers to discharge.

Recommendation: Continue to document the clinical process of linking assessments to treatment and discharge.

DMHMRSAS Response: DMHMRSAS concurs. NVMHI will continue to monitor the documentation of the clinical process linking assessments to treatment and discharge to ensure that gains are maintained in this area.